

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service 01/14/02 through 04/18/02.
- b. The request was received on 07/31/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs-1500
  - c. TWCC-62 forms
  - d. Copies of TWCC-53 forms
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 08/30/02. The insurance carrier did not submit an initial response or a response to the additional information. The No Response Found In Case File sheet is reflected in Exhibit II of the Commission's Case File.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 07/10/02:

"Our office wishes a review of the care received by (Claimant). She was initially seen in out [sic] office 1/14/02. The TWCC-53 was filled out that day a [sic] mailed to TWCC for approval. On 2/19/02, approximately a month later, we received the TWCC-53 back. It had been denied because section 11 was not specific enough and the incorrect doctors [sic] name had been recorded in section 13. These problems were corrected and the amended TWCC-53 was re-mailed on 2/22/02, within 3 days of the denial. The approval from TWCC was received in our office 3/18/02 with an approval date of 3/14/02."

2. Respondent: No Response

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is are 01/14/02 through 04/18/02.
- Per the provider's updated TWCC-60 submitted 11/10/03, the amount billed was \$4,320.00; the amount paid was \$466.20 per the Table; the amount in dispute was \$3,641.60 per the Table.
- The carrier denied the billed services by codes, "L – Not Treating Doctor", "C – Negotiated Contract", and "D – Duplicate Charge".
- A hand written note on the bottom of an Alternate Form TWCC-62 dated 07/03/02 submitted by the provider states, "additional payments on therapy codes." This TWCC-62 form addresses the CPT codes 97250 which are not addressed by any other TWCC-62 forms. The insurance carrier recommended payment of \$38.70 for dates of service 03/19/02, 03/26/02, and 04/08/02 which were denied by "C". This information was confirmed by the insurance adjuster on 01/14/03. Date of service 04/18/02 CPT code 97250 was denied as "D – Duplicate Charge" without any payment being recommended.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/14/02	99204-25	\$175.00	\$0.00	L	\$106.00	Rule 126.9 (c) (d)	The claimant first presented to the provider on 01/14/02. The provider submitted a TWCC-53 form requesting a change of doctor on 01/14/02 and began providing services to the claimant immediately without receiving an approval or denial from TWCC. The provider received a denial TWCC-53 dated 02/13/02. An amended TWCC-53 form was resubmitted to TWCC by the provider on 02/22/02. The TWCC-53 form dated 03/14/02 approved the change of treating doctor to the provider. Any services rendered prior to 03/14/02 were not rendered by the claimant's treating doctor. Any services rendered after 03/14/02 were provided by the provider as the treating physician. The provider was not approved as the treating physician until 03/14/02.
01/15/02	99213-	\$55.00			\$48.00		
01/16/02	MP						
01/18/02	97250	\$50.00			\$43.00		
01/21/02	97012	\$25.00			\$20.00		
01/23/02	97010	\$15.00			\$11.00		
01/24/02	97035	\$25.00			\$22.00		
01/28/02	E0210	\$40.00			DOP		
01/31/02	for						
02/04/02	various						
02/08/02	DOS in						
02/12/02	dispute						
02/14/02							
02/18/02							
02/22/02							
02/28/02							
03/04/02							
03/07/02							
03/13/02							No reimbursement is recommended.

03/19/02	99213-25	\$75.00	\$43.20	C	\$48.00	Rule 133.1 (a) (8) (C)	<p>These dates of service were denied by exception code "C – Negotiated Contract". The provider reports that that they do not have a contract with this insurance carrier. The insurance carrier did not respond to the medical dispute request and did not submit evidence that the provider is a contract provider.</p> <p>The carrier made partial payment for all CPT codes for each DOS except DOS 04/18/02 CPT code 97250 for which no payment was recommended or paid.</p> <p>The carrier addressed payment for CPT code 97250 for previous dates of service. Therefore, reimbursement of <b>\$43.00</b> is recommended.</p> <p>Since the carrier did not provide evidence that the provider is a contracted provider, reimbursement is recommended for the PPO reduction amount which brings each CPT code in dispute equal to the MAR value..</p> <p>Reimbursement in the amount of <b>\$69.00</b> is recommended. (\$4.80 + \$4.30 + \$2.00 + \$3.50 + \$4.80 + \$4.30 + \$2.00 + \$3.50 + \$4.80 + \$4.30 + \$2.00 + \$3.50 + \$7.10 + \$3.50 = \$69.00)</p> <p>Total reimbursement recommended is <b>\$112.00</b>. (\$69.00 + \$43.00 = \$112.00)</p>
	97250	\$50.00	\$38.70		\$43.00		
	97012	\$25.00	\$18.00		\$20.00		
	97530	\$45.00	\$31.50		\$35.00		
03/26/02	99213-25	\$75.00	\$43.20		\$48.00		
	97250	\$50.00	\$38.70		\$43.00		
	97012	\$25.00	\$18.00		\$20.00		
	97530	\$45.00	\$31.50		\$35.00		
04/01/02	99213-25	\$75.00	\$43.20		\$48.00		
	97250	\$50.00	\$38.70		\$43.00		
	97012	\$25.00	\$18.00		\$20.00		
	97530	\$45.00	\$31.50		\$35.00		
04/08/02	99213-25	\$75.00	\$43.20		\$48.00		
	97250	\$50.00	\$38.70		\$43.00		
	97012	\$25.00	\$18.00		\$20.00		
	97530	\$45.00	\$31.50		\$35.00		
04/18/02	99214-25	\$105.00	\$63.90		\$71.00		
	97250	\$50.00	\$0.00		\$43.00		
	97530	\$45.00	\$31.50		\$35.00		
<b>Totals</b>		\$4,320.00	\$466.20				The Requestor is entitled to reimbursement in the amount of <b>\$112.00</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$112.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16<sup>th</sup> day of January 2003.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm